

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.G.		11/2/00
O.I.P.E. CLASSIFIER		49	11/7/00
FORMALITY REVIEW	MA	830	11-24-00
RESPONSE FORMALITY REVIEW	gm	657	5/11/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓		
2	✓		
3	✓		
4	✓		
5	✓		
6	✓		
7	0		
8	✓		
9	0		
10	0		
11	0		
12	0		
13	0		
14	0		
15	0		
16	0		
17	✓		
18	✓		
19	✓		
20	✓		
21	✓		
22	0		
23	0		
24	0		
25	0		
26	0		
27	0		
28	0		
29	✓		
30	✓		
31	0		
32	✓		
33	✓		
34	✓		
35	✓		
36	✓		
37	✓		
38	✓		
39	✓		
40	0		
41	✓		
42	✓		
43	✓		
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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